

www.mass.gov/abcc

LICENSE NUMBER: 026400001	(	CITY OR TOWN DANVER	KS .
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: GRAND CHOW IN	IC.		
DOING BUSINESS A MANDARIN DAI	NVERS		
ADDRESS 139 ENDICOTT STREET			
CITY/TOWN: DANVERS	STATE: MA	ZIP CODE: 01923	
MANAGER: ZHENG, WEN TYP FENG	E OF LICENSE: Rest	aurant CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WE DESCRIPTION OF LICENSED PREMIS	BSITE AND ENTER YOUR EMA	AIL ADDRESS	
<ol> <li>I hereby certify and swear under penalties</li> <li>the renewed license will be of t</li> <li>the licensee has complied with</li> <li>the premises are now open for l</li> </ol>	he same type for the s all laws of the Commo	onwealth relating to taxes; and	I
SIGNED BY Individual, Partner	or Authorized Corpor	ate Officer	
DATE: TELEPHONI	E NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.	pector and the head	of the fire department for th	ie above
Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)		LOCAL LICENSING AUTI By:	HORITY
DATE:			



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 026400002		CITY OR TOWN	DANVERS	
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: NYBOSDS INC. DOING BUSINESS A MATTY'S FOO	D & SPIRITS			
ADDRESS 194 ENDICOTT STREET				
CITY/TOWN: DANVERS	STATE: MA	ZIP CODE:	01923	
MANAGER: SPERO DEMAKES TY	'PE OF LICENSE: Rest	taurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREM FIRST FLOOR OF A 2 STORY BLDG USED FOR STORAGE, 3 ROOMS IN 3 AND ADDITON #2 ENCOMPASSING I hereby certify and swear under penaltic  1. the renewed license will be o 2. the licensee has complied wit 3. the premises are now open for	WITH CEMENT BLD EACH BLDG. 2 DININ 3 2 BANQUET ROOMS es of perjury that: f the same type for the seth all laws of the Comm	OG ADDITION, ON NG AND COCKTAS ONTO THE ORIGINAL SAME premises now nonwealth relating to	IL IN ADDI GINAL STR licensed;	TION,
SIGNED BY Individual, Partne	er or Authorized Corpor	rate Officer		
We the undersigned, attest that we ar Acts of 2004, signed by the building in named license and (2) the certificate of	nspector and the head	(Note: NOT Ind	iividual Social S ed by Chapto nent for the	er 304 of the above
of 2010.				
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



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LICENSE NUMBER:	020400003		CII	Y OR TOWN	V DAIVE	w
APPLICATION FOR	RENEWAL:	Annual		LICE	NSED FOR	2013
		CLASS				YEAR
LICENSEE NAME:	POL.RUSS.LITH	.AMER.CITIZEN	S CLUB	DANVERS 1	INC.	
DOING BUSINESS A						
ADDRESS 12 CHEEV	ER ST.					
CITY/TOWN: DANY	VERS	STATE: N	ΙA	ZIP CODE:	01923	
MANAGER: ROME CHAR		PE OF LICENSE	:Club		CATEGORY	: All Alcohol
EMAIL ADDRESS:						
DESCRIPTION OF LA 2 STORY FRAMED F I hereby certify and sw 1. the renewed	CENSED PREM BLDG ear under penaltie I license will be o	es of perjury that: f the same type for	the same	e premises no		
	•	h all laws of the C r business (If not $\epsilon$		_	g to taxes; and	Į.
3. the premise	s are now open to	i business (ii not e	лріані ос	liow)		
SIGNED BY	Individual, Partne	er or Authorized C	orporate	Officer		
DATE:	TELEPHOI	NE NUMBER:				ATION NUMBER: Security Number)
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building in	nspector and the l	nead of t	he fire depa	rtment for th	e above
Please Check Below:			LO	OCAL LICEN	NSING AUTI	HORITY
APPROVED: DISAPPROVED: (If disapproved explain	n)		В <u>у</u> —	<i>y</i> :		



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LICENSE NUMBER:	026400006		CITY OR TOWN DA	ANVERS
APPLICATION FOR	RENEWAL:	Annual	LICENSEL	FOR 2013
		CLASS		YEAR
LICENSEE NAME:	99 WEST INC			
DOING BUSINESS A	99 RESTAURANT &	PUB		
ADDRESS 60 COMM	I.AVE.& FED.ST			
CITY/TOWN: DAN	VERS S	STATE: MA	ZIP CODE: 0	1923
MANAGER: DUMO CRAI	ONT,ROBERT TYPE O. G, JR.	F LICENSE:Re	staurant CATE	GGORY: All Alcohol
EMAIL ADDRESS:				
PI	EASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF L	ICENSED PREMISES:			
KITCHEN, SEATING	FOR 170			
I hereby certify and sw	ear under penalties of p	erjury that:		
1. the renewed	d license will be of the sa	ame type for the	same premises now lice	ensed;
2. the licensee	has complied with all la	aws of the Com	nonwealth relating to tax	xes; and
3. the premise	es are now open for busin	ness (If not expl	ain below)	
SIGNED BY	Individual, Partner or A	uthorized Corpo	orate Officer	
DATE:	TELEPHONE NU	JMBER:		ENTIFICATION NUMBER: nal Social Security Number)
Acts of 2004, signed	by the building inspect	or and the hea	e certificate required b d of the fire departmen trance required by Cha	t for the above
Please Check Below:			LOCAL LICENSING	G AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved explain	1)			
			-	
DATE:				
APPLICATION FOR RENEWA	AL MUST BE FILED BY LICENS	EES DURING THE M	ONTH OF NOVEMBER (M.G.L.	Ch. 138 \$ 16A)



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LICENSE NUMBER: 0	26400008		CITY OR TO	OWN DANVERS	S
APPLICATION FOR R	ENEWAL:	Annual	L	ICENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: D	OANVERSPORT Y	YACHT CLUB, LI	LC.		
DOING BUSINESS A	DANVERSPORT	YACHT CLUB			
ADDRESS 161 ELLIO	TT ST.				
CITY/TOWN: DANV	ERS	STATE: MA	ZIP COI	DE: 01923	
MANAGER: DE LOF PAUL	RENZO, TYP	PE OF LICENSE:R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LIC	CENSED PREMIS	SES:			
3 FLOORS;MAIN;LEV INCLUDING ADJACE BRIDAL SUITE.					
I hereby certify and swe	ar under penalties	of perjury that:			
1. the renewed	license will be of t	the same type for the	ne same premise	s now licensed;	
2. the licensee l	has complied with	all laws of the Cor	nmonwealth rela	ating to taxes; and	
3. the premises	are now open for	business (If not exp	plain below)		
SIGNED BY			0.07		
I'	ndividual, Partner	or Authorized Cor	porate Officer		
DATE:	TELEDIJON	E MILADED	EMD	LOYER IDENTIFICA	TION NI IMRED
DITE.	TELEPHONI	E NUMBER:		OT Individual Social S	
We the undersigned, a	attest that we are	in possession (1) t			
Acts of 2004, signed by named license and (2) of 2010.		-		-	
Please Check Below:			LOCAL LI	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)	1		-		
DATE:					
D111D.					



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Cl	IYOK IOWN DANVERS	•
Annual	LICENSED FOR 2	013
CLASS		YEAR
STATE: MA	ZIP CODE: 01923	
E OF LICENSE: Club	CATEGORY:	All Alcohol
BSITE AND ENTER YOUR EMAIL	ADDRESS	_
ES:		
of perjury that:		
ne same type for the sar	ne premises now licensed;	
all laws of the Common	wealth relating to taxes; and	
ousiness (If not explain	below)	
or Authorized Corporate	e Officer	
E NUMBER:	EMPLOYER IDENTIFICAT	
	(Note: NOT Individual Social S	Security Number)
in possession (1) the co	ertificate required by Chapt	er 304 of the
pector and the head of	the fire department for the	above
iquor liability insuran	ice required by Chapter 116	of the Acts
		ORITY
I	By:	
•		
CENSEES DURING THE MONT	TH OF NOVEMBER (M.G.L. Ch. 138 \$ 1	6A)
	Annual CLASS  STATE: MA E OF LICENSE: Club  SSITE AND ENTER YOUR EMAIL ES: Def perjury that: The same type for the same all laws of the Common pusiness (If not explain for Authorized Corporate E NUMBER: The possession (1) the conjugate of the possession (1) the possession	STATE: MA ZIP CODE: 01923 E OF LICENSE: Club CATEGORY:  SSITE AND ENTER YOUR EMAIL ADDRESS ES: of perjury that: ne same type for the same premises now licensed; all laws of the Commonwealth relating to taxes; and ousiness (If not explain below)  or Authorized Corporate Officer



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LICENSE NUMBER	: 026400011		CITY OR TOWN	DANVERS	5
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:			LC		
DOING BUSINESS A		JUSE			
ADDRESS 301 NEW				0.4.0.0.0	
CITY/TOWN: DAN	VERS	STATE: MA	ZIP CODE:	01923	
MANAGER: MOR C.	ESCO, JOHN TYP	'E OF LICENSE: Re	estaurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
F	LEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF I					
2600 SQ FT OF RES' OTHER UTILITY	TAURANT SPACE,	, 1700 OF WHICH	IS ALLOCATED TO	) KITCHEN	AND
I hereby certify and sv	wear under penalties	of periury that:			
			e same premises now	licensed;	
			monwealth relating t		
	es are now open for		_	,	
SIGNED BY					
	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOYER	R IDENTIFICAT	TION NUMBER:
			(Note: NOT Inc	lividual Social S	Security Number)
We the undersigned Acts of 2004, signed named license and (of 2010.	by the building ins	spector and the hea	d of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	in)				
DATE:					
~					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 026400012		CITY OR TOWN	N DANVERS	
APPLICATION FOR	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS	A THE OLIVE GA	ARDEN ITALIAN I	RESTAURANT		
ADDRESS 153 ANI					
CITY/TOWN: DAI	NVERS	STATE: MA	ZIP CODE:	01923	
MANAGER: SHN	EIDER, KIRK TY	PE OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR V		R EMAIL ADDRESS		
DESCRIPTION OF 2800 SQ FT SINGL EMERGENCY EXI	E STORY BLDG W		RANCE,REAR ENT	RANCE AND	
2. the licens	ved license will be or	f the same type for the lall laws of the Co	he same premises no mmonwealth relating plain below)		
SIGNED BY	Individual, Partne	er or Authorized Co	porate Officer		
DATE:	TELEPHO	NE NUMBER:		ER IDENTIFICAT	
Acts of 2004, signed	d by the building in	nspector and the h	the certificate requi ead of the fire depar surance required by	tment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	ain)		LOCAL LICEN By:	ISING AUTHO	ORITY



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LICENSE NUME	3ER: 026400013		CITY OR TOWN DAN	VERS
APPLICATION I	FOR RENEWAL:	: Annual	LICENSED FO	OR 2013
		CLASS		YEAR
LICENSEE NAM	E: ILIJON COF	RP.		
DOING BUSINE	SS A BRUTOLE	3		
ADDRESS 65 NI	EWBURY ST			
CITY/TOWN: I	DANVERS	STATE: MA	ZIP CODE: 0192	3
	REMONT, OBERT F.	TYPE OF LICENSE: R	Restaurant CATEGO	ORY: All Alcohol
EMAIL ADDRES	SS:			
DESCRIPTION (		T OUR WEBSITE AND ENTER YOUR REMISES:	EMAIL ADDRESS	
I hereby certify a	nd swear under pe	enalties of perjury that:		
1. the rer	newed license will	be of the same type for the	he same premises now license	d;
2. the lice	ensee has complie	ed with all laws of the Cor	mmonwealth relating to taxes;	and
3. the pre	emises are now op	pen for business (If not exp	plain below)	
SIGNED BY	Individual, F	Partner or Authorized Cor	porate Officer	
	,			
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTI	FICATION NUMBER:
			(Note: NOT Individual Se	ocial Security Number)
Acts of 2004, sig	gned by the build	ling inspector and the he	the certificate required by C ead of the fire department fo surance required by Chapte	r the above
Please Check Below:			LOCAL LICENSING A	UTHORITY
APPROVED:			By:	
DISAPPROVED (If disapproved ex				
(11 disapproved of	-P			
D 4 500				
DATE:				
APPLICATION FOR RE	ENEWAL MUST BE FILI	ED BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 1	138 \$ 16A)



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LICENSE NUN	MBER: 026400014		CITY OR TOWN DAN	VERS
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
LICENSEE NA	ME: COURTYARD N	MANAGEMENT CORI	PORATION	
DOING BUSIN	NESS A COURTYARD	BY MARRIOT		
ADDRESS 275	INDEPENDENCE WA	AY		
CITY/TOWN:	DANVERS	STATE: MA	ZIP CODE: 0192	3
	BETTENCOURT, T'JENNIFER A.	YPE OF LICENSE: Inni	holder CATEGO	ORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION	N OF LICENSED PREM	IISES:		
121 ROOM HC ENTRANCES		RESTAURANT, 20 SEA	AT LIVING ROOM LOUP	NGE. 8
I hereby certify	and swear under penalti	es of perjury that:		
1. the r	enewed license will be o	of the same type for the	same premises now license	ed;
2. the 1	icensee has complied wi	ith all laws of the Comn	nonwealth relating to taxes:	and
3. the p	premises are now open for	or business (If not expla	in below)	
SIGNED BY				
	Individual, Partn	er or Authorized Corpo	rate Officer	
DATE:	TELEPHO	ONE NUMBER:		IFICATION NUMBER:
			(Note: NOT Individual S	Social Security Number)
<b>Acts of 2004, s</b>	signed by the building i	inspector and the head	e certificate required by C l of the fire department for rance required by Chapto	or the above
Please Check Belov	<u>w:</u>		LOCAL LICENSING A	UTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	explain)			
			-	<u> </u>
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

APPLICATION FOR RENEWAL: Annual	
	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: BW-DANVERS LLC	
DOING BUSINESS A BUFFALO WILD WINGS GRILL & BAR	
ADDRESS 100 INDEPENDENCE WAY	
CITY/TOWN: DANVERS STATE: MA ZIP C	CODE: 01923
MANAGER: GARDNER, TYPE OF LICENSE: Restaurant MICHAEL W.	CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS	•
DESCRIPTION OF LICENSED PREMISES:	
ONE STORY STORE CONTAINING AN AREA APPROXIMATELY $\boldsymbol{\epsilon}$ , OUTDOOR SEATING AREA	5123 SQ FT OF FLOOR AREA
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for the same prem	nises now licensed;
2. the licensee has complied with all laws of the Commonwealth	relating to taxes; and
3. the premises are now open for business (If not explain below)	
SIGNED BY	
SIGNED BY Individual, Partner or Authorized Corporate Office	er
	er
Individual, Partner or Authorized Corporate Office	er
Individual, Partner or Authorized Corporate Office  DATE: TELEPHONE NUMBER: E	MPLOYER IDENTIFICATION NUMBER:
Individual, Partner or Authorized Corporate Office  DATE: TELEPHONE NUMBER: E	
Individual, Partner or Authorized Corporate Office  DATE: TELEPHONE NUMBER: E	EMPLOYER IDENTIFICATION NUMBER:  EMPLOYER IDENTIFICATION NUMBER:
DATE:  TELEPHONE NUMBER:  E (Note  We the undersigned, attest that we are in possession (1) the certificat Acts of 2004, signed by the building inspector and the head of the firmamed license and (2) the certificate of liquor liability insurance requof 2010.	EMPLOYER IDENTIFICATION NUMBER:  EMPLOYER IDENTIFICATION NUMBER:
Individual, Partner or Authorized Corporate Office  DATE: TELEPHONE NUMBER: E (Note  We the undersigned, attest that we are in possession (1) the certificate Acts of 2004, signed by the building inspector and the head of the fire named license and (2) the certificate of liquor liability insurance requor 2010.  Please Check Below: LOCAL APPROVED: By:	EMPLOYER IDENTIFICATION NUMBER:  EN NOT Individual Social Security Number)  The required by Chapter 304 of the department for the above wired by Chapter 116 of the Acts
Individual, Partner or Authorized Corporate Office  DATE: TELEPHONE NUMBER: E (Note  We the undersigned, attest that we are in possession (1) the certificat Acts of 2004, signed by the building inspector and the head of the fire named license and (2) the certificate of liquor liability insurance requor 2010.  Please Check Below: LOCAL APPROVED: By: DISAPPROVED:	EMPLOYER IDENTIFICATION NUMBER:  EN NOT Individual Social Security Number)  The required by Chapter 304 of the department for the above wired by Chapter 116 of the Acts
Individual, Partner or Authorized Corporate Office  DATE: TELEPHONE NUMBER: E (Note  We the undersigned, attest that we are in possession (1) the certificate Acts of 2004, signed by the building inspector and the head of the fire named license and (2) the certificate of liquor liability insurance requor 2010.  Please Check Below: LOCAL APPROVED: By:	EMPLOYER IDENTIFICATION NUMBER:  EN NOT Individual Social Security Number)  The required by Chapter 304 of the department for the above wired by Chapter 116 of the Acts
Individual, Partner or Authorized Corporate Office  DATE: TELEPHONE NUMBER: E (Note  We the undersigned, attest that we are in possession (1) the certificat Acts of 2004, signed by the building inspector and the head of the fire named license and (2) the certificate of liquor liability insurance requor 2010.  Please Check Below: LOCAL APPROVED: By: DISAPPROVED:	EMPLOYER IDENTIFICATION NUMBER:  EN NOT Individual Social Security Number)  The required by Chapter 304 of the department for the above wired by Chapter 116 of the Acts



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LICENSE NUM	IBER: 026400016		CITY O	R TOWN	DANVERS	
APPLICATION	FOR RENEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS	<b>;</b>			YEAR
LICENSEE NA	ME: DIANTGIKIS EN	TERPRISES IN	C.			
DOING BUSIN	ESS A CHUCK'S REST	ΓAURANT				
ADDRESS 68 N	MAPLE ST.					
CITY/TOWN:	DANVERS	STATE:	MA ZIP	CODE:	01923	
	KARAZURNA, TY KONSTANTINOS	PE OF LICENSI	3: Restaurant	C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRE	ESS:					
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER Y	OUR EMAIL ADDRE	ESS		_
	OF LICENSED PREM					
	TABLES AND STOOLS EAR EXIT AND ENTR		NED CAPAC	ITY OF 80	) PEOPLE W	ITH
I hereby certify a	and swear under penaltie	es of perjury that:				
1. the re	enewed license will be of	f the same type fo	or the same pre	mises now	licensed;	
2. the li	censee has complied wit	h all laws of the	Commonwealt	h relating t	to taxes; and	
3. the p	remises are now open fo	r business (If not	explain below	7)		
SIGNED BY						
	Individual, Partne	er or Authorized (	Corporate Office	cer		
DATE:			L			
DATE.	TELEPHO	NE NUMBER:	(No			TION NUMBER: ecurity Number)
					arridum Soum S	cearity Hamsely
Acts of 2004, si	igned, attest that we ar igned by the building ir and (2) the certificate o	spector and the	head of the fi	ire depart	ment for the	above
Please Check Below	<u>v:</u>		LOCA	AL LICENS	SING AUTHO	ORITY
APPROVED: [			By:			
DISAPPROVEI						
(If disapproved	explain)					
DATE:						



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LICENSE NUMBER: 026400018		CITY OR TOWN	DANVERS	
APPLICATION FOR RENEWAL	L: Annual	LICEN	SED FOR 20	13
	CLASS		,	YEAR
LICENSEE NAME: APPLE NE DOING BUSINESS A ADDRESS LIBERTY TREE MA				
CITY/TOWN: DANVERS	STATE: MA	ZIP CODE:	01923	
MANAGER:	TYPE OF LICENSE: Rest	aurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VIS	SIT OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS		
DESCRIPTION OF LICENSED I	PREMISES:			
2. the licensee has comple	ll be of the same type for the sied with all laws of the Commopen for business (If not explain	onwealth relating to		
SIGNED BY Individual,	Partner or Authorized Corpor	rate Officer		
DATE: TELI	EPHONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	. IDENTIFICATI	
We the undersigned, attest that Acts of 2004, signed by the built named license and (2) the certifof 2010.	ding inspector and the head	of the fire departr	nent for the a	above
Please Check Below:		LOCAL LICENS	ING AUTHO	RITY
APPROVED: DISAPPROVED:		By:		
(If disapproved explain)				
- -				
DATE:				
APPLICATION FOR RENEWAL MUST BE FI	LED BY LICENSEES DURING THE MO	NTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16.	A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 026400019		CITY	OR TOWN	DANVERS	
APPLICATION FOR	R RENEWAL:	Annu	al	LICENS	SED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME: DOING BUSINESS	A CALITRI'S ITAL		3			
ADDRESS 126 NEV	VBURY ST.					
CITY/TOWN: DAM	NVERS	STATE:	MA ZI	IP CODE:	01923	
MANAGER: LAP	OLLA, JOSEPH TYI	PE OF LICEN	SE: Restaurant	t CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER	YOUR EMAIL ADD	RESS		
DESCRIPTION OF BRICK VENEER FF LOUNGE, FUNCTION	RONT, WOODEN ST	TRUCTURE C	ONSISTING	OF BASEMI	ENT, COCK	ΓAIL
2. the license	red license will be of ee has complied with ses are now open for	the same type	for the same p Commonwea	alth relating to		
SIGNED BY	Individual, Partner	or Authorized	Corporate Of	fficer		
DATE:	TELEPHON	E NUMBER:	(			ION NUMBER: ecurity Number)
Acts of 2004, signed	d, attest that we are d by the building ins (2) the certificate of	spector and th	e head of the	fire departr	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	nin)		LOC By:	CAL LICENS	ING AUTHO	ORITY
DATE:						



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LICENSE NUMBER: 026400020	CI	TY OR TOWN DANVERS
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: HARDCOVE DOING BUSINESS A HARDCOV		
ADDRESS 00015A NEWBURY ST	Γ.	
CITY/TOWN: DANVERS	STATE: MA	ZIP CODE: 01923
MANAGER: CANARIO, BRUCE	E TYPE OF LICENSE: Restau	rant CATEGORY: All Alcohol
EMAIL ADDRESS:		
	OUR WEBSITE AND ENTER YOUR EMAIL	ADDRESS
DESCRIPTION OF LICENSED PR ONE STORY BLDG. CONTAININ FACILITIES, LOCKED STORAGE RAISED OUTDOOR DECK	IG RESTAURANT, 2 LEVEL	COCKTAIL LOUNGE,KITCHEN SURROUNDED BY WALL WITH
I hereby certify and swear under pen  1. the renewed license will l	alties of perjury that: be of the same type for the san	ne premises now licensed;
2. the licensee has complied	l with all laws of the Common	wealth relating to taxes; and
3. the premises are now ope	en for business (If not explain l	below)
SIGNED BY Individual, Pa	artner or Authorized Corporate	e Officer
DATE: TELEP	PHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building	ng inspector and the head of	ertificate required by Chapter 304 of the the fire department for the above ace required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
DATE:	-	



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LICENSE NUMBER: 026400	0022	CITY OR TOWN DANVERS	
APPLICATION FOR RENE	WAL: Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: SALT DOING BUSINESS A			
ADDRESS 225 NEWBURY			
CITY/TOWN: DANVERS	STATE: MA	ZIP CODE: 01923	
MANAGER: GUINEE, WILLIAM J.	TYPE OF LICENSE: Re	estaurant CATEGORY: All Alcohol	
EMAIL ADDRESS:			
PLEASE AL	SO VISIT OUR WEBSITE AND ENTER YOUR E	EMAIL ADDRESS	
	WITH 3 DINING ROOMS AND	COCKTAIL LOUNGE ON SECOND BARN FOR FUNCTIONS CONNECTED	
2. the licensee has co	se will be of the same type for the	monwealth relating to taxes; and	
SIGNED BY Individ	dual, Partner or Authorized Corp	orate Officer	
			7
DATE:	ΓELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)	
Acts of 2004, signed by the	building inspector and the hea	ne certificate required by Chapter 304 of the dd of the fire department for the above urance required by Chapter 116 of the Acts	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:	
DATE:			



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LICENSE NUMBER:	: 026400023		CITY OR TOWN DANVE	RS
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 250 NEW	A	JRANT INC.		
CITY/TOWN: DAN	VERS	STATE: MA	ZIP CODE: 01923	
MANAGER: SUPIN P.	NO, RONALD TYP	E OF LICENSE: Res	staurant CATEGORY	Y: All Alcohol
EMAIL ADDRESS:				
P	LEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF L	ICENSED PREMIS	ES:		
ONE STORY BLDG	SEATING 300 PEO	PLE; 3 ENTRANCI	ES IN FRONT, SIDE AND RE	AR
I hereby certify and sv	wear under penalties	of perjury that:		
1. the renewe	ed license will be of the	he same type for the	same premises now licensed;	
2. the license	e has complied with	all laws of the Comr	monwealth relating to taxes; and	d
3. the premise	es are now open for b	ousiness (If not expla	ain below)	
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:	TELEPHONE	E NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Social	
Acts of 2004, signed	by the building ins	pector and the head	e certificate required by Cha d of the fire department for th rance required by Chapter 1	ne above
Please Check Below:			LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved explain	in)		-	
DATE:			-	
APPLICATION FOR RENEW	AL MUST BE FILED BY LIC	TENSEES DURING THE M	ONTH OF NOVEMBER (M.G.L. Ch. 138	\$ 16Δ)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	026400024		CITY OR TOWN	DANVERS	
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS			YEAR
DOING BUSINESS A	PEPPER DINING INC A CHILI'S GRILL & BA				
ADDRESS 10 NEWB	BURY ST.				
CITY/TOWN: DAN	VERS	STATE: MA	ZIP CODE:	01923	
MANAGER: HARR	RIS, ROBERT ITYPE C	F LICENSE: Re	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
Pl	LEASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR E	MAIL ADDRESS		•
SINGLE DETACHED SEATS 217, BAR SE	ICENSED PREMISES:  D BLDG WITHOUT BA  ATS 11. ONE ENTRAN  GE STORAGE AREA	ASEMENT,HOU			
I hereby certify and sw	vear under penalties of p	erjury that:			
	d license will be of the s	• •	-		
	e has complied with all les are now open for busi		_	o taxes; and	
5. the premise	es are now open for busi	ness (11 not expi	ani below)		
SIGNED BY	Individual, Partner or A	Authorized Corp	orate Officer		
DATE:	TELEPHONE N	UMBER:	EMPLOYER (Note: <u>NOT</u> Ind	R IDENTIFICAT lividual Social	
Acts of 2004, signed	, attest that we are in p by the building inspec 2) the certificate of liqu	tor and the hea	d of the fire departi	ment for the	above
Please Check Below: APPROVED: DISAPPROVED:			LOCAL LICENS By:	SING AUTHO	ORITY
(If disapproved explain	n)				
DATE:					



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LICENSE NUMBE	R: 026400025		CI	TY OR TOV	WN DANVI	ERS
APPLICATION FO	R RENEWAL:	Annu	al	LIC	CENSED FOR	R 2013
		CLAS	SS			YEAR
LICENSEE NAME DOING BUSINESS ADDRESS 435 NE		O OF DANVE	RS INC.			
CITY/TOWN: DA		STATE:	MA	ZIP CODE	i: 01923	
	nzo. Michael A. TY					Y: All Alcohol
EMAIL ADDRESS		FE OF LICEN	SE. Kestau	raiit	CATEGOR	All Alcohol
EMAIL ADDRESS	PLEASE ALSO VISIT OUR V	VEDSTEE AND ENTERD	VOLID EMAIL	ADDDECC		
DESCRIPTION OF	LICENSED PREMI		. TOUR EMAIL	ADDRESS		
ONE STORY BRIC	CK AND BLOCK ST WITH FRONT ANI	RUCTURE W			CHEN AND S	STORAGE
I hereby certify and	swear under penaltie	s of perjury tha	t:			
1. the renev	wed license will be of	f the same type	for the san	ne premises	now licensed;	
2. the licen	see has complied wit	h all laws of the	Common	wealth relati	ng to taxes; a	nd
3. the prem	ises are now open for	r business (If no	ot explain	below)		
SIGNED BY	Individual, Partne	r or Authorized	l Corporate	e Officer		
DATE:	TELEPHON	NE NUMBER:				CATION NUMBER: ial Security Number)
Acts of 2004, signe	ed, attest that we ar ed by the building in (2) the certificate o	spector and th	ne head of	the fire dep	artment for	the above
Please Check Below:			I	LOCAL LIC	ENSING AU	THORITY
APPROVED: DISAPPROVED:			I	Зу:		
(If disapproved exp	Lain)		-			
· · · · · · · · · · · · · · · · · · ·	·· ,		-			
DATE:			-			
	NV. 1 NO. OF THE SEC. OF THE S	vanyanna	G WWW 3 403	W OF VC	D 4467 ~ :::	20151
APPLICATION FOR RENE	EWAL MUST BE FILED BY	LICENSEES DURIN	G THE MONT	H OF NOVEMBI	EK (M.G.L. Ch. 138	S \$ 16A)



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LICENSE NU	MBER: 026400026		CITY OR TOWN DANVI	ERS
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	R 2013
		CLASS		YEAR
LICENSEE N.	AME: BRACCIA, INC.			
DOING BUSI	NESS A FOUR 66 PUB	& GRILL		
ADDRESS 46	6 NEWBURY ST.			
CITY/TOWN:	DANVERS	STATE: MA	ZIP CODE: 01923	
MANAGER:	BRACCIA, JANICE TY	YPE OF LICENSE: R	estaurant CATEGOR	Y: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREM	ISES:		
ONE STORY	BLDG-TWO ROOMS A	ND CELLAR FOR S	TORAGE	
I hereby certify	y and swear under penalti	es of perjury that:		
1. the	renewed license will be o	of the same type for th	e same premises now licensed;	
2. the	licensee has complied wi	th all laws of the Com	nmonwealth relating to taxes; a	nd
3. the	premises are now open for	or business (If not exp	lain below)	
SIGNED BY	Individual, Partn	er or Authorized Corp	porate Officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFI (Note: <u>NOT</u> Individual Soc	
Acts of 2004,	signed by the building i	nspector and the hea	he certificate required by Ch ad of the fire department for urance required by Chapter	the above
Please Check Bel			LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	a expiaiii)			
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FILED BY	LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 13	8 \$ 16A)



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LICENSE NUMBER	R: 026400028		CITY OR TOWN	1 DANVERS	S
APPLICATION FOR	R RENEWAL:	Annual	LICENSED FOR 2013		013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS	A TGI FRIDAY'S	NC.			
ADDRESS RTE.1-D	OANVERS OFF.PK				
CITY/TOWN: DAY	NVERS	STATE: MA	ZIP CODE:	01923	
MANAGER:	TYP	PE OF LICENSE: Re	staurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR E	MAIL ADDRESS		
	LICENSED PREMIS				
	WITH MULTI LEV				
	swear under penalties red license will be of t		sama pramisas nos	w licensed:	
	ee has complied with		=		
	ses are now open for		_	,	
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHON	E NUMBER:		ER IDENTIFICAT ndividual Social S	
Acts of 2004, signed	d, attest that we are d by the building ins (2) the certificate of	spector and the head	d of the fire depar	tment for the	above
Please Check Below:			LOCAL LICEN	ISING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: [	 ain)				
(11 disapproved expire	···· <i>)</i>				
DATE:					_
APPLICATION FOR RENEW	WAL MUST BE FILED BY LI	ICENSEES DURING THE M	ONTH OF NOVEMBER (	M.G.L. Ch. 138 \$ 16	5A)



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LICENSE NUMBE	ER: 026400030		CITY OR TOWN	DANVERS	
APPLICATION FO	OR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
DOING BUSINESS	: MIYAKO JAPAN S A EWBURY STREET	ESE STEAK HOUS	SE,LLC		
CITY/TOWN: DA		STATE: MA	ZIP CODE:	01923	
MANAGER: PA		PE OF LICENSE: R		CATEGORY:	All Alcohol
EMAIL ADDRESS	<b>3:</b>				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS		J
DESCRIPTION OF	F LICENSED PREMI	SES:			
	OD FRAME BLDG W EMERGENCY EXIT				
I hereby certify and	swear under penalties	s of perjury that:			
1. the rene	wed license will be of	the same type for th	e same premises nov	w licensed;	
	see has complied with nises are now open for		•	to taxes; and	
SIGNED BY	Individual, Partner	or Authorized Corp	oorate Officer		
DATE:	TELEPHON	IE NUMBER:		ER IDENTIFICAT	
Acts of 2004, sign	ed, attest that we are ed by the building in: I (2) the certificate of	spector and the he	ad of the fire depar	tment for the	above
Please Check Below: APPROVED:	]		LOCAL LICEN	ISING AUTHO	ORITY
DISAPPROVED:			By:		
(If disapproved exp	lain)				
DATE:					
APPLICATION FOR RENI	EWAL MUST BE FILED BY L	ICENSEES DURING THE	MONTH OF NOVEMBER (	M.G.L. Ch. 138 \$ 16	5A)



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	CITY OR TOWN DANVERS	
Annual	LICENSED FOR 2013	3
CLASS	Y	EAR
JRANT MANAGER,LLO		
E BY HILTON BOSTO	N NORTH SHORE	
STATE: MA	ZIP CODE: 01923	
YPE OF LICENSE: Innh	older CATEGORY: A	All Alcohol
R WEBSITE AND ENTER YOUR EM.	AIL ADDRESS	
M,DINING ROOM,LOU	NGE AND CABANA ON FIRST	
ies of perjury that:		
of the same type for the s	same premises now licensed;	
rith all laws of the Comm	onwealth relating to taxes; and	
for business (If not explain	in below)	
ner or Authorized Corpor	rate Officer	
ONE NUMBER:	EMPLOYER IDENTIFICATIO	
	(Note: NOT Individual Social Sect	inty Number)
inspector and the head	of the fire department for the ab	oove
	LOCAL LICENSING AUTHOR	RITY
	By:	
	Annual CLASS  JRANT MANAGER, LLC E BY HILTON BOSTON  STATE: MA  TYPE OF LICENSE: Innh  R WEBSITE AND ENTER YOUR EM. MISES: M, DINING ROOM, LOU  ies of perjury that: of the same type for the so with all laws of the Comm for business (If not explain  oner or Authorized Corporation  ONE NUMBER:  are in possession (1) the inspector and the head	Annual LICENSED FOR 2013 CLASS YI  RANT MANAGER, LLC E BY HILTON BOSTON NORTH SHORE  STATE: MA ZIP CODE: 01923 TYPE OF LICENSE: Innholder CATEGORY: A  RWEBSITE AND ENTER YOUR EMAIL ADDRESS MISES: M, DINING ROOM, LOUNGE AND CABANA ON FIRST ies of perjury that: of the same type for the same premises now licensed; rith all laws of the Commonwealth relating to taxes; and for business (If not explain below)  There or Authorized Corporate Officer  ONE NUMBER:  EMPLOYER IDENTIFICATION (Note: NOT Individual Social Section of liquor liability insurance required by Chapter 116 of LOCAL LICENSING AUTHOR)



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LICENSE NUMBER: 0264000	32	CITY OR TOWN DANK	/ERS
APPLICATION FOR RENEW	AL: Annual	LICENSED FC	OR 2013
	CLASS		YEAR
LICENSEE NAME: SAM &	JOE'S CAFE INC.		
DOING BUSINESS A SAM &	¿ JOE'S REST.		
ADDRESS 30 WATER ST.			
CITY/TOWN: DANVERS	STATE: MA	ZIP CODE: 01923	3
MANAGER: CALITRI, RAL	PH TYPE OF LICENSE: R	estaurant CATEGO	RY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSEI	D PREMISES:		
I hereby certify and swear unde			
	will be of the same type for th	•	
	plied with all laws of the Com	_	and
3. the premises are now	w open for business (If not exp	plain below)	
SIGNED BY			
Individu	al, Partner or Authorized Corp	orate Officer	
DATE: TE	ELEPHONE NUMBER:	EMPLOYER IDENTII	FICATION NUMBER:
		(Note: NOT Individual So	ocial Security Number)
We the undersigned, attest th	nat we are in neccession (1) t	he certificate required by C	hanter 304 of the
Acts of 2004, signed by the bu			
named license and (2) the cer	tificate of liquor liability ins	urance required by Chapter	r 116 of the Acts
of 2010.			
Please Check Below:		LOCAL LICENSING AU	JTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			
	E EH ED DV I ICENGEEG DUDING TWO	MONTH OF NOVEMBER 44 CT CT	
APPLICATION FOR RENEWAL MUST BE	3 FILED BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 1	.38 \$ 10A)



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LICENSE NUMBE	R: 026400033		CITY	OR TOWN	DANVERS	
APPLICATION FO	R RENEWAL:	Annu	al	LICENS	SED FOR 20	13
		CLAS	SS			YEAR
LICENSEE NAME:	Onion Town Gr	ill, Inc				
DOING BUSINESS	A					
ADDRESS 175 WA	TER ST.					
CITY/TOWN: DA	NVERS	STATE:	MA Z	IP CODE:	01923	
MANAGER: Cour	ure, Gale D	TYPE OF LICEN	SE:Restauran	t CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER	YOUR EMAIL ADD	DRESS		
DESCRIPTION OF	LICENSED PREI	MISES:				
4 ROOMS ON STR ENLARGEMENT (	the state of the s	* * * * * * * * * * * * * * * * * * *	the state of the s		OREROOM	WITH
I hereby certify and	swear under penal	ties of perjury tha	ıt:			
1. the renew	ved license will be	of the same type	for the same p	premises now	licensed;	
2. the licens	see has complied v	vith all laws of the	e Commonwea	alth relating to	taxes; and	
3. the premi	ises are now open	for business (If no	ot explain belo	ow)		
SIGNED BY	Individual, Part	ner or Authorized	l Corporate O	fficer		
DATE:	TELEPH	ONE NUMBER:		EMPLOYER	IDENTIFICAT	ION NUMBER:
	TEEET TE	OT LE TYOMBER.	(	(Note: NOT Ind	ividual Social So	ecurity Number)
We the undersigne	d attact that wa	ara in naccaccian	(1) the corti	ficato roquire	nd by Chante	or 304 of the
Acts of 2004, signe						
named license and of 2010.	(2) the certificate	e of liquor liabili	ty insurance	required by	Chapter 116	of the Acts
Please Check Below: APPROVED:				CAL LICENS	ING AUTHO	DRITY
DISAPPROVED:			By:			
(If disapproved expl	ain)					
DATE:						
APPLICATION FOR RENE	WAL MUST BE FILED F	BY LICENSEES DURING	G THE MONTH O	F NOVEMBER (M	.G.L. Ch. 138 \$ 16	(A)



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 026400034	C	TITY OR TOWN DAI	NVERS
APPLICATION FOR RENEWAL:	Annual	LICENSED 1	
LICENSEE NAME: MAJOR LIQUORS,ING DOING BUSINESS A ADDRESS 158 ANDOVER ST CITY/TOWN: DANVERS MANAGER: SELBY, ROBERT TYPE O	STATE: MA	ZIP CODE: 019	YEAR  223  30RY: All Alcohol
M.  EMAIL ADDRESS:  PLEASE ALSO VISIT OUR WEBSITE  DESCRIPTION OF LICENSED PREMISES:			
2 FLOORS CONSISTING OF A SELLING A BATHROOMS. CELLAR FOR STORAGE,G			
I hereby certify and swear under penalties of p  1. the renewed license will be of the s  2. the licensee has complied with all le  3. the premises are now open for busing	ame type for the sa aws of the Commo	nwealth relating to taxe	
SIGNED BY Individual, Partner or A	authorized Corpora	te Officer	
DATE: TELEPHONE N	JMBER:		TIFICATION NUMBER: Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING . By:	AUTHORITY
DATE:			



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0264	00035	CITY OR TOWN	DANVERS
APPLICATION FOR REN	EWAL: Ann	ual LICENS	SED FOR 2013
	CLA	ASS	YEAR
LICENSEE NAME: END	ICOTT LIQUORS,INC		
DOING BUSINESS A EN	DICOTT LIQUORS		
ADDRESS 139 ENDICOT	T PLAZA		
CITY/TOWN: DANVERS	STATE:	MA ZIP CODE:	01923
MANAGER: GIUMBA, CRISTIAN	TYPE OF LICE	NSE:Package Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE A	ALSO VISIT OUR WEBSITE AND ENTE	CR YOUR EMAIL ADDRESS	
DESCRIPTION OF LICEN	ISED PREMISES:		
		ICE/EXIT OPEN TO THE F EA USED FOR SALES AND	
	complied with all laws of the now open for business (If	ne Commonwealth relating to not explain below)	taxes; and
Indiv	vidual, Partner or Authorize	ed Corporate Officer	
DATE:	TELEPHONE NUMBER	•	R IDENTIFICATION NUMBER: lividual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	SING AUTHORITY
DATE:			



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 026400036		CITY OR TOWN DAI	VERS
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED F	FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: LAWRENCE	E ENTERPRISES, INC.		
DOING BUSI	NESS A NEW BRID	GE VARIETY & DELI		
ADDRESS 9 E	BRIDGE STREET			
CITY/TOWN:	DANVERS	STATE: MA	ZIP CODE: 019	23
MANAGER:	LAWRENCE, JOHN T.	TYPE OF LICENSE: P	Cackage Store CATEG	ORY: Wine and Malt Regular
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	N OF LICENSED PR			
			ANCE/ EXIT FACING BR	IDGE STREET
	•	nalties of perjury that:		
			ne same premises now licens	
	•	en for business (If not ex	nmonwealth relating to taxes	s; and
J. tile	premises are now ope	en for business (if not ex	plani below)	
CICNED DV				
SIGNED BY	Individual, P	artner or Authorized Cor	porate Officer	
DATE:	TELEP	PHONE NUMBER:	EMPLOYER IDEN	ΓΙΓΙCATION NUMBER:
			(Note: NOT Individual	Social Security Number)
Please Check Belo	ow.		LOCAL LICENSING	ALITHODITY
APPROVED:			LOCAL LICENSING A By:	AUTHORITT
DISAPPROVE	ED:		2).	
(If disapproved	l explain)			
DATE:				
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUN	MBER: 026400037		CITY OR TOWN	DANVERS
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: CAMPBELL LIQ	UORS LLC		
DOING BUSIN	NESS A MERCHANTS I	LIQUOR MART		
ADDRESS 88	HIGH ST			
CITY/TOWN:	DANVERS	STATE: MA	ZIP CODE:	01923
MANAGER:	CAMPBELL JR., TY WAYNE	PE OF LICENSE:Pa	ckage Store C.	ATEGORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION	N OF LICENSED PREMI	ISES:		
	/EL ONE STORY BLDC S WINDOWS ON FRON N USE			
I hereby certify	and swear under penaltie	es of perjury that:		
•	renewed license will be of		same premises now	licensed;
2. the l	licensee has complied wit	h all laws of the Com	monwealth relating t	o taxes; and
3. the p	premises are now open for	r business (If not expl	ain below)	
SIGNED BY				
	Individual, Partne	er or Authorized Corp	orate Officer	
DATE:	TELEPHON	NE NUMBER:		R IDENTIFICATION NUMBER:
			(Note: NOT Inc	dividual Social Security Number)
Please Check Belov	w <u>:</u>		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	nivo ne morani
DISAPPROVE	<del></del>		•	
(If disapproved	explain)		<del>.</del>	
DATE:				
DAIL.				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 026400038		CITY OR TOWN	DANVERS	
APPLICATIO	N FOR RENEWAL:	Annual	Annual LICENSED F		
		CLASS			YEAR
LICENSEE NA	AME: RWJ BEVERAGE	(MA) LLC			
DOING BUSI	NESS A RWJ BEVERAGI	Ε			
ADDRESS 55	NEEDHAM ROAD				
CITY/TOWN:	DANVERS	STATE: MA	ZIP CODE:	01923	
MANAGER:	REARDON,MICHA TYP	'E OF LICENSE: Pack	kage Store CA	ATEGORY:	All Alcohol
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EM.	AIL ADDRESS		•
DESCRIPTIO	N OF LICENSED PREMIS	ES:			
	OF BLDG. SEPARATE DO WHICH THE GENERAL PU			) PREMISEI	
	licensee has complied with premises are now open for		•	taxes, and	
	Individual, Partner	or Authorized Corpor	rate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
Please Check Beld APPROVED:	ow:		LOCAL LICENS	ING AUTHO	ORITY
DISAPPROVI	ED:		By:		
(If disapproved	<u> </u>				
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	026400039		CH	YORTO	WIN	DANVER	3
APPLICATION FOR	RENEWAL:	Annua	l	LIC	CENS	ED FOR 2	013
		CLASS	5				YEAR
LICENSEE NAME: DOING BUSINESS A	•	IETY					
ADDRESS 3 COLLIN	NS STREET						
CITY/TOWN: DAN	VERS	STATE:	MA	ZIP CODE	∃:	01923	
MANAGER: MAHA K.	AT, RAMESH TYPE	OF LICENS	E:Package	e Store	CA	TEGORY:	Wine and Malt Regular
EMAIL ADDRESS:							
	LEASE ALSO VISIT OUR WEB		OUR EMAIL A	ADDRESS			
DESCRIPTION OF L							
ONE STORY VARIE BASEMENT.	TY STORE WITH F.	RONT ENTR	ANCE AN	ND REAR	EXIT,	STORAG	E IN
	e has complied with a es are now open for be Individual, Partner o	usiness (If not	explain b	elow)			
DATE:	TELEPHONE	NUMBER:					FION NUMBER: Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		Le B		ENSI	NG AUTH	ORITY
DATE:			_				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 026400040		CITY OR TOWN	DANVERS
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: COSTCO ATL	ANTIC LIQUORS, INC.		
DOING BUSINESS A COSTCO LIQ	UORS		
ADDRESS 11 NEWBURY STREET			
CITY/TOWN: DANVERS	STATE: MA	ZIP CODE:	01923
MANAGER: LACHANCE, KENNETH	ГҮРЕ OF LICENSE: Pack	kage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PRE	MISES:		
IN A REMODLED PORTION OF BLAREAS AND ACCESSWAY	DG CONTAINING A RI	ETAIL SALES AR	EA. STORAGE
<ol> <li>the renewed license will be</li> <li>the licensee has complied v</li> <li>the premises are now open</li> </ol>	with all laws of the Comm	onwealth relating to	
SIGNED BY Individual, Part	tner or Authorized Corpor	rate Officer	
DATE: TELEPH	ONE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 02	26400041		CITY OR T	OWN	DANVERS	
APPLICATION FOR R	ENEWAL:	Annua	<u>1</u> I	LICENS	SED FOR 20	)13
		CLAS	S			YEAR
LICENSEE NAME: A	RCK ENTERP	PRISES, INC				
DOING BUSINESS A	DANVERS EX	XXON MART				
ADDRESS 100 HIGH S	T					
CITY/TOWN: DANVI	ERS	STATE:	MA ZIP CO	DE:	01923	
MANAGER: PATEL,	SANJAY T	YPE OF LICENS	E:Package Store	CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
PLE	ASE ALSO VISIT OUR	WEBSITE AND ENTER	YOUR EMAIL ADDRESS			-
DESCRIPTION OF LIC	ENSED PREM	MISES:				
1000 SQ FT CONVENI DELIVERY DOOR	ENCE STORE	GAS STATION	ONE CUSTOME	R ENTI	RANCE, ON	E REAR
3. the premises SIGNED BY	are now open f	for business (If no	Commonwealth rel t explain below)  Corporate Officer	ating to	o taxes; and	
	101 / 10 00 01 / 1 01 01					
DATE:	TELEPHO	ONE NUMBER:				TION NUMBER: ecurity Number)
Please Check Below: APPROVED:				ICENS	ING AUTHO	ORITY
DISAPPROVED:			By:			
(If disapproved explain)						
DATE:						



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 026400042		CITY OR TOWN	DANVERS	
APPLICATION FOR RENEWAL:	Annual	Annual LICENSED FOR 2013		
	CLASS			YEAR
LICENSEE NAME: LOUIS & ALISON	I, INC.			
DOING BUSINESS A COUNTRY STOR	RE & WINE SHOPP	Е		
ADDRESS 5 WENHAM STREET				
CITY/TOWN: DANVERS	STATE: MA	ZIP CODE:	01923	
MANAGER: NGUYEN, LOUIS P.TYF	'E OF LICENSE: Pac	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF LICENSED PREMIS	SES:			
FIRST FLOOR CONSISTING OF EXIT DELIVERIES AND ONE FOR CUSTOM		DENTRANCES. ON	NE FOR	
the licensee has complied with     the premises are now open for  SIGNED BY	business (If not expla	in below)	, turces, und	
Individual, Partner	or Authorized Corpo	rate Officer		
DATE: TELEPHON	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Indi		ION NUMBER: ecurity Number)
Please Check Below: APPROVED:		LOCAL LICENS	ING AUTHO	ORITY
DISAPPROVED:		Бу.		
(If disapproved explain)				
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

Annual	LICENSED FOR 2	013
CLASS		YEAR
ATE. MA	ZID CODE: 01022	
ICENSE: Paci	cage Store CATEGORY:	Wine and Malt Regular
D ENTER YOUR EM	AIL ADDRESS	
	ACVACE CTODE DETAIL CA	LEDC A
AINING A P.	ACKAGE STORE RETAIL SA	LEDS A
s (If not expla	in below)	
.ori200 corpo.		
BER:	EMPLOYER IDENTIFICAT	
	(Note: NOT Individual Social S	
	LOCAL LICENSING AUTH	Security Number)
		Security Number)
	LOCAL LICENSING AUTH	Security Number)
	LOCAL LICENSING AUTH	Security Number)
	CAINING A Particularly that:  the type for the second the Community of the Community in the control of	JCENSE: Package Store CATEGORY:  D ENTER YOUR EMAIL ADDRESS  CAINING A PACKAGE STORE RETAIL SA



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 026400046		CITY OR TOWN	DANVERS	
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS			YEAR
DOING BUSIN		INC.			
	2-88 NORTH STREET				
CITY/TOWN:	DANVERS	STATE: MA	ZIP CODE:	01923	
MANAGER:	Tilley, Matthew D. TYF	PE OF LICENSE: Pack	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EMA	AIL ADDRESS		
	N OF LICENSED PREMIS				
IN A PORTIO	N OF BLDG. LOCATED	AT 182-188 NORTH	STREET , DANVE	RS.	
-	and swear under penalties				
	renewed license will be of	· -	_		
	licensee has complied with		_	taxes; and	
3. the	premises are now open for	business (If not explai	in below)		
SIGNED BY	Individual, Partner	or Authorized Corpor	rate Officer		
	morridadi, r driner	of Humorized Corpor			
DATE:	THE FRANCIS		EMBLOVED	IDENTIFICAT	ION NUMBER:
DITTE.	TELEPHON	E NUMBER:	(Note: NOT Ind		
			·		,
Please Check Belo	ow:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	i explain)				
DATE:					



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LICENSE NUMBI	ER: 026400047		CITY OR TOWN	DANVERS
APPLICATION FO	OR RENEWAL:	Annual	LICENS	ED FOR 2013
		CLASS		YEAR
	S A HONG KONG CA	FÉ		
ADDRESS 12 MA				
CITY/TOWN: DA	ANVERS	STATE: MA	ZIP CODE:	01923
MANAGER: HE	Z, ZHAO WEN TYPI	E OF LICENSE: Res	staurant CA'	TEGORY: All Alcohol
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT OUR WEF F LICENSED PREMISI URANT DINING AND	ES:		
<ol> <li>the rene</li> <li>the licer</li> </ol>	I swear under penalties of ewed license will be of the nsee has complied with a mises are now open for b	ne same type for the all laws of the Commousiness (If not explanation)	nonwealth relating to ain below)	
	Individual, Partner of	or Authorized Corpo	orate Officer	
DATE:	TELEPHONE	E NUMBER:		IDENTIFICATION NUMBER:
Acts of 2004, sign	ed by the building insp	pector and the head	l of the fire departm	l by Chapter 304 of the ent for the above Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	plain)		LOCAL LICENSII By:	NG AUTHORITY
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	)26400050		Cl	TY OR TOW	N DANVER	S	
APPLICATION FOR I	RENEWAL:	Annua	ત્રી	LIC	ENSED FOR 2	013	
		CLAS	S			YEAR	
LICENSEE NAME: \rightarrow DOING BUSINESS A							
ADDRESS 128 WATE	ER STREET						
CITY/TOWN: DANV	ERS	STATE:	MA	ZIP CODE	0101923		
MANAGER: RUBIN	J,JERRY S.	TYPE OF LICENS	SE:Packag	ge Store	CATEGORY:	All Alcohol	
EMAIL ADDRESS:							
DESCRIPTION OF LI		OUR WEBSITE AND ENTER EMISES:	YOUR EMAII	. ADDRESS			
2. the licensee 3. the premises SIGNED BY	has complied s are now ope	be of the same type for the sa	For the sar Common t explain	wealth relating			_
	Individual, Pa	artner or Authorized	Corporat	e Officer			
DATE:	TELEP	HONE NUMBER:			YER IDENTIFICA' L' Individual Social S		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	]			LOCAL LICE By:	ENSING AUTH	ORITY	
DATE:							



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 026400053		CITY OR TOW	VIN DANVER	3
APPLICATION FOR	R RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	OLD DANVERS RE	ESTAURANT,INC			
DOING BUSINESS	A GRASSFIELD'S B	AR & GRILL			
ADDRESS 29 ANDO	OVER STREET				
CITY/TOWN: DAN	IVERS	STATE: MA	ZIP CODE:	: 01923	
MANAGER: MIM	INOS, NICK TYPI	E OF LICENSE: Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
]	PLEASE ALSO VISIT OUR WEE	SSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF I	LICENSED PREMISI	ES:			
<b>T1</b> 1 20 1	1 12	C			
	wear under penalties of		somo promisos r	your liganeads	
	ed license will be of the has complied with a	* *	-		
	ses are now open for b			ig to taxes, and	
	1				
SIGNED BY					
	Individual, Partner of	or Authorized Corpo	orate Officer		
DATE:	TELEPHONE	NUMBER:		YER IDENTIFICAT	
			(Note: NOT	Individual Social S	Security Number)
	l, attest that we are i				
	l by the building insp (2) the certificate of l				
of 2010.	2) the certificate of I	iquoi nuomity msu	runce required	by Chapter II.	o of the fiets
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	ın)				
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

ADDITION FOR DENEWAL.	
APPLICATION FOR RENEWAL: Annu	LICENSED FOR 2013
CLA	SS YEAR
LICENSEE NAME: 9 ELM AMERICAN BISTRO L	LC
DOING BUSINESS A	
ADDRESS 9 ELM STREET	
CITY/TOWN: DANVERS STATE:	MA ZIP CODE: 01923
MANAGER: SANIDAS, TYPE OF LICEN MATTHEW	SE:Restaurant CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER	R YOUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
37 SEAT RESTAURANT, FRONT ENTRANCE/EXI	Γ AND REAR ENTRANCE/EXIT.
I hereby certify and swear under penalties of perjury that 1. the renewed license will be of the same type	
2. the licensee has complied with all laws of th	-
3. the premises are now open for business (If n	•
	ot explain below)
SIGNED BY	ot explain below)
SIGNED BY	
SIGNED BY	
SIGNED BY	d Corporate Officer  EMPLOYER IDENTIFICATION NUMBER:
SIGNED BY  Individual, Partner or Authorized	d Corporate Officer
SIGNED BY  Individual, Partner or Authorized	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  a (1) the certificate required by Chapter 304 of the he head of the fire department for the above
SIGNED BY  Individual, Partner or Authorized  DATE:  TELEPHONE NUMBER:  We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and to named license and (2) the certificate of liquor liability of 2010.  Please Check Below:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  a (1) the certificate required by Chapter 304 of the he head of the fire department for the above
SIGNED BY  Individual, Partner or Authorized  DATE:  TELEPHONE NUMBER:  We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and to named license and (2) the certificate of liquor liability of 2010.  Please Check Below:  APPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  a (1) the certificate required by Chapter 304 of the he head of the fire department for the above ty insurance required by Chapter 116 of the Acts
SIGNED BY  Individual, Partner or Authorized  DATE:  TELEPHONE NUMBER:  We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and to named license and (2) the certificate of liquor liability of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  a (1) the certificate required by Chapter 304 of the he head of the fire department for the above ty insurance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY
SIGNED BY  Individual, Partner or Authorized  DATE:  TELEPHONE NUMBER:  We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and to named license and (2) the certificate of liquor liability of 2010.  Please Check Below:  APPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  a (1) the certificate required by Chapter 304 of the he head of the fire department for the above ty insurance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY
SIGNED BY  Individual, Partner or Authorized  DATE:  TELEPHONE NUMBER:  We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and to named license and (2) the certificate of liquor liability of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  a (1) the certificate required by Chapter 304 of the he head of the fire department for the above ty insurance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY



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LICENSE NUMBE	R: 026400055		CITY OR T	OWN DAN	IVERS
APPLICATION FO	R RENEWAL:	Annual	I	LICENSED F	FOR 2013
		CLASS			YEAR
LICENSEE NAME:	LUCKY MING,I	NC			
DOING BUSINESS	A IRON CHEF				
ADDRESS 435 NEV	WBURY ST				
CITY/TOWN: DA	NVERS	STATE: MA	ZIP COI	DE: 019	23
MANAGER: LU,	VINA T	YPE OF LICENSE:R	lestaurant	CATEG	ORY: Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF					
SEATS, DOORS AT	Γ FRONT AND RE	E RESTAURANT W AR. 2 BATHROOM APPROX 900 SQ F	S FOR CUSTO		
I hereby certify and	swear under penalti	es of perjury that:			<del></del>
	=	of the same type for the	ne same premise	es now licens	ed;
2. the licens	see has complied wi	th all laws of the Cor	nmonwealth rel	ating to taxes	s; and
3. the premi	ises are now open for	or business (If not exp	plain below)		
SIGNED BY	Individual, Partn	er or Authorized Cor	porate Officer		
DATE:	TELEPHO	NE NUMBER:			FIFICATION NUMBER: Social Security Number)
Acts of 2004, signe	d by the building i	re in possession (1) t nspector and the he of liquor liability ins	ad of the fire d	epartment f	or the above
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved expl	ain)		LOCAL L	ICENSING A	AUTHORITY
( mappioned expi	/				
DATE:					



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LICENSE NUI	MBER: 026400056	•	CITY OR TOWN DANVERS	S
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NA	AME: DKORP ENTERPH	RISES		
DOING BUSIN	NESS A MAPLE STREET	TAVERN		
ADDRESS 49	MAPLE STREET			
CITY/TOWN:	DANVERS	STATE: MA	ZIP CODE: 01923	
MANAGER:	BORDERS, DEAN TYPE	PE OF LICENSE: Rest	aurant CATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EMA	AIL ADDRESS	
	N OF LICENSED PREMIS			
	rear entrances and exits. Ba OOR SEATING	ack half of the premiis	es is the brewery work	
I hereby certify	and swear under penalties	of perjury that:		
1. the	renewed license will be of	the same type for the s	ame premises now licensed;	
2. the 1	licensee has complied with	all laws of the Commo	onwealth relating to taxes; and	
3. the 1	premises are now open for	business (If not explai	n below)	
SIGNED BY				
	Individual, Partner	or Authorized Corpor	ate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFICA	
			(Note: <u>NOT</u> Individual Social S	Security Number)
Acts of 2004,	signed by the building ins	spector and the head	certificate required by Chapt of the fire department for the ance required by Chapter 110	e above
Please Check Belo	<u>ow:</u>		LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVE	<u> </u>			
(If disapproved	i expiain)			
			_	
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 026400058		CITY OR TOWN DANV	ERS
APPLICATION FOR RENEWAL:	Annual	LICENSED FOI	R 2013
	CLASS		YEAR
LICENSEE NAME: SAWASDEE RESTA	AURANT INC.		
DOING BUSINESS A SAWASDEE DAN	VERS		
ADDRESS 49A MAPLE STREET			
CITY/TOWN: DANVERS	STATE: MA	ZIP CODE: 01923	
MANAGER: CHOPELAS, TYPE JARINEE M.	E OF LICENSE: Resi	taurant CATEGOF	Y: Wine and Malt Regular
EMAIL ADDRESS:	-		
PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PREMISE	ES:		
FIRST FLOOR, 1495 SQ. FTFRONT ALSTREET	ND REAR ENTRAI	NCE AND EXITS AT 49A I	MAPLE
I hereby certify and swear under penalties o	of perjury that:		
1. the renewed license will be of th	e same type for the	same premises now licensed	
2. the licensee has complied with a	ll laws of the Comm	onwealth relating to taxes; a	nd
3. the premises are now open for b	usiness (If not expla	in below)	
SIGNED BY			
Individual, Partner o	r Authorized Corpor	rate Officer	
D. A. TIDE			
DATE: TELEPHONE	NUMBER:	EMPLOYER IDENTIFICATION OF THE STATE OF THE	
		(Note: NOT Individual Soc	nai Security Number)
We the undersigned, attest that we are in	n possession (1) the	certificate required by Ch	
Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010.	ector and the head	of the fire department for	the above
named license and (2) the certificate of li of 2010.  Please Check Below:	ector and the head	of the fire department for	the above 116 of the Acts
named license and (2) the certificate of li of 2010.  Please Check Below: APPROVED:	ector and the head	of the fire department for rance required by Chapter	the above 116 of the Acts
named license and (2) the certificate of li of 2010.  Please Check Below: APPROVED: DISAPPROVED:	ector and the head	of the fire department for rance required by Chapter LOCAL LICENSING AU	the above 116 of the Acts
named license and (2) the certificate of li of 2010.  Please Check Below: APPROVED:	ector and the head	of the fire department for rance required by Chapter LOCAL LICENSING AU	the above 116 of the Acts
named license and (2) the certificate of li of 2010.  Please Check Below: APPROVED: DISAPPROVED:	ector and the head	of the fire department for rance required by Chapter LOCAL LICENSING AU	the above 116 of the Acts



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 026400059		CITY OR TOWN	DANVERS	
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NA	ME: MCKINNIN'S BUT	CHER SHOP-NORT	ΓH,INC.		
DOING BUSIN	IESS A MCKINNON'S B	UTCHER SHOP			
ADDRESS 73 1	HOLTEN STREET				
CITY/TOWN:	DANVERS	STATE: MA	ZIP CODE:	01923	
	MEREDITH,RUSSE TYP LL	E OF LICENSE: Pac	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM	IAIL ADDRESS		
	OF LICENSED PREMIS				
	SINGLE STORY RETAIL RY ENT/EXIT AT OPPOS			CORNER OF	FBLDG.
	icensee has complied with premises are now open for I		in below)		
	,	·			
DATE:	TELEPHONI	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Please Check Below APPROVED:	<u>w:</u>		LOCAL LICENS	ING AUTHO	ORITY
DISAPPROVE	D:		By:		
(If disapproved					
DATE:					



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LICENSE NU	MBER: 026400060	•	CITY OR TOWN DANVER	S
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	.013
		CLASS		YEAR
LICENSEE N	AME: SUNNYSID	E BOWLADROME INC.		
DOING BUSI	NESS A			
ADDRESS 17	6 WATER STREET			
CITY/TOWN:	: DANVERS	STATE: MA	ZIP CODE: 01923	
MANAGER:	CAMELES, NICHOLAS A.	TYPE OF LICENSE: Rest.	aurant CATEGORY:	Wine and Malt Cordials
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
	N OF LICENSED PI			
22100 SQ FT LICENSE IS 1		KLOCATION OF COUNT	TER AND FUNCTION AREA	OF
I hereby certify	y and swear under pe	nalties of perjury that:		
1. the	renewed license will	be of the same type for the s	ame premises now licensed;	
2. the	licensee has complie	d with all laws of the Comme	onwealth relating to taxes; and	
3. the	premises are now op	en for business (If not explai	n below)	
SIGNED BY				
	Individual, F	Partner or Authorized Corpor	ate Officer	
DATE:	TELEI	PHONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social S	
			(110tc. 1101) Illulvidual Social i	Security Number)
Acts of 2004,	signed by the build	ing inspector and the head	certificate required by Chapt of the fire department for the ance required by Chapter 11	e above
Please Check Bel			LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVI (If disapprove				
(11 disappiove	a capiani)			<del></del>
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 026400061		CITY OR TOWN DANVE	RS
APPLICATION	N FOR RENEWAL	L: Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	AME: BANGKO	K PEPPER CORP		
DOING BUSIN	NESS A BANGKO	OK PEPPER		
ADDRESS 6 P	PURCHASE STRE	ET		
CITY/TOWN:	DANVERS	STATE: MA	ZIP CODE: 01923	
MANAGER:	DOOLEY, MICHAEL	TYPE OF LICENSE: Re	estaurant CATEGORY	Y: Wine and Malt Regular
EMAIL ADDR	RESS:			
	PLEASE ALSO VI	SIT OUR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS	
-	N OF LICENSED			
ONE STORY I FEET 1,865	BRICK WOOD BU	JILDING; ONE ENTRANC	CE AND THREE EXITS; TOTA	AL SQ
I hereby certify	and swear under p	penalties of perjury that:		
1. the	renewed license wi	ill be of the same type for the	e same premises now licensed;	
2. the	licensee has compl	ied with all laws of the Com	monwealth relating to taxes; and	i
3. the !	premises are now o	open for business (If not exp	lain below)	
SIGNED BY				
	Individual,	, Partner or Authorized Corp	oorate Officer	
DATE:	TEL	EPHONE NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	l Security Number)
Acts of 2004,	signed by the buil	ding inspector and the hea	he certificate required by Chap nd of the fire department for the urance required by Chapter 1	ne above
Please Check Belo	ow:		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	i expiaiii)			
				<del></del>
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 02	26400062		CITY OR TOWN DAN	VERS
APPLICATION FOR R	ENEWAL:	Annual	LICENSED F	OR 2013
		CLASS		YEAR
LICENSEE NAME: L	ONDI'S FAMOUS	ROAST BEEF & I	PIZZA INC.	
DOING BUSINESS A	LONDI'S FAMOU	S ROAST BEEF P	IZZA	
ADDRESS 16 WATER	STREET			
CITY/TOWN: DANVI	ERS	STATE: MA	ZIP CODE: 0192	23
MANAGER: LONDI,	THODORI TYPE	E OF LICENSE: Re	staurant CATEGO	ORY: Wine and Malt Regular
EMAIL ADDRESS:				
PLEA	ASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LIC	CENSED PREMISE	ES:		
	ONT COUNTER,		IGHT, BATHROOMS TO AREA WITH FRIDGES/P	
I hereby certify and swea	ar under penalties o	of perjury that:		
1. the renewed l	license will be of th	e same type for the	e same premises now license	ed;
2. the licensee h	nas complied with a	ll laws of the Com	monwealth relating to taxes	; and
3. the premises	are now open for b	usiness (If not expl	ain below)	
SIGNED BY	ndividual, Partner o	r Authorized Corp	orate Officer	
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENT	IFICATION NUMBER:
			(Note: NOT Individual S	Social Security Number)
Acts of 2004, signed by	y the building insp	ector and the hea	ne certificate required by C d of the fire department for arance required by Chapto	or the above
Please Check Below:			LOCAL LICENSING A	UTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved explain)				
DATE:				